

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement and Instructions on back before completing form. Use typewriter, ink or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.											
1. PAYMENT REQUIRED BY (X one)				2. TYPE OF PAYMENT (X as applicable)								1. FOR D.O. USE ONLY			
CASH		CHECK		TDY/TAD		PCS		a. D.O. VOUCHER NUMBER							
ELECTRONIC FUND TRANSFER				OTHER		Member/ Employee		Dependent(s)		DLA					
4. NAME (Last, First, Middle Initial) (Print or type)						5. GRADE				6. SSN				b. SUBVOUCHER NUMBER	
7. ADDRESS a. NUMBER AND STREET						b. CITY				c. STATE		d. ZIP CODE		c. PAID BY	
8. TELEPHONE NUMBER (Include Area Code)				9. TRAVEL ORDER NUMBER				10. PREVIOUS PAYMENTS/ADVANCES							
11. ORGANIZATION AND STATION										13. DEPENDENTS' ADDRESS ON RECIEPT OF ORDERS (Include Zip Code)					
12. DEPENDENT(S) (X and complete as applicable)										14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?					
ACCOMPANIED				UNACCOMPANIED											
a. NAME (Last, First, Middle Initial)				b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE									